

CERTIFICATE OF TRUST DOMESTIC STATUTORY TRUST

Office of the Secretary of the State
30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 03/01/2001

Space for Office Use Only		Filing Fee: \$60.00
1. NAME OF STATUTORY TRUST: _____		
2. ADDRESS OF THE STATUTORY TRUST'S PRINCIPAL OFFICE: _____ _____ _____		
3. APPOINTMENT OF STATUTORY AGENT:		
Name of Agent	Business Address	
	Residence Address	
Acceptance of appointment _____ Signature of Agent		
4. EXECUTION BY ALL TRUSTEES:		
Dated this _____ day of _____, 20____.		
Type or print names of signing trustees	Signatures	

Reference an 8 1/2 X 11 attachment if additional space is required